Unusual Empyema

Jeannette Guarner, Emory University
Eileen Burd, Emory University
Teresa C. Williams, Emory University
Robert Charles Jerris, Emory University
Carlos Del Rio, Emory University

Journal Title: Journal of Clinical Microbiology
Volume: Volume 51, Number 7
Publisher: American Society for Microbiology | 2013-07, Pages 2017-2017
Type of Work: Article | Final Publisher PDF
Publisher DOI: 10.1128/JCM.01525-12
Permanent URL: http://pid.emory.edu/ark:/25593/fjx65

Final published version: http://jcm.asm.org/content/51/7/2017

Copyright information:
© 2013, American Society for Microbiology. All Rights Reserved.

Accessed September 5, 2019 4:18 PM EDT
An 81-year-old diabetic woman had been hospitalized for a hepatic abscess that grew *Streptococcus anginosus*. A drain was placed, and she was given broad-spectrum antibiotics. She was discharged to a long-term-care facility on intravenous ceftriaxone. Four weeks later, she was found to have a pleural effusion on a chest X-ray examination. The pleural fluid was cloudy, with 59 nucleated cells/μl (66% lymphocytes, 25% neutrophils, and 9% macrophages). The causative agent was seen in a Wright-stained cytospin preparation of the pleural fluid (Fig. 1).

FIG 1 Photomicrograph of Wright-stained cytospin preparation of the pleural fluid showing neutrophils and intracellular and extracellular elongated structures. Some of the extracellular elongated structures seem to be in tandem, and the attached edges appear pinched.